STATE OF NORTH DAKOTA

**BOARD OF WATER WELL CONTRACTORS**

900 E. BOULEVARD • BISMARCK, NORTH DAKOTA 58501

# WELL DRILLER'S REPORT

State law requires that this report be filed with the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

## 1. WELL OWNER

Name Charles & Janice Burk

Address Box HCR 3 Box 14LA

## 2. WELL LOCATION

Bowman N.D. 58623

Sketch map location must agree with written location.

NORTH

1 MILE

Sec. (1 mile) _____

County Bowman

NE 1/4 SE 1/4 ___ 1/4 Sec. 6 Twp. 131 N.Rg 101 W.

## 3. PROPOSED USE

☐ Geothermal ☐ Monitoring
☒ Domestic ☐ Irrigation ☐ Industrial
☐ Stock ☐ Municipal ☐ Test Hole

## 4. METHOD DRILLED

☐ Cable ☐ Reverse Rotary ☐ Bored
☒ Forward Rotary ☐ Jetted ☐ Auger

If other, specify _____

## 5. WATER QUALITY

Was a water sample collected for:

Chemcial Analysis? ☐ Yes ☐ No

Bacteriological Analysis? ☒ Yes ☐ No

If so, to what laboratory was it sent? Capital Lab

## 6. WELL CONSTRUCTION

Diameter of hole 8 3/4 inches. Depth 58 feet.

Casing: ☐ Steel ☒ Plastic ☐ Concrete
☐ Threaded ☐ Welded ☐ Other

If other, specify _____

| Pipe Weight: | Diameter: | From: | To: |
|---|---|---|---|
| 200# lb/ft | 5 inches | 0 feet | 59 feet |
| ___ lb/ft | ___ inches | ___ feet | ___ feet |
| ___ lb/ft | ___ inches | ___ feet | ___ feet |

Was perforated pipe used? ☐ Yes ☒ No

Perforated pipe set from _____ ft to _____ feet

Was casing left open end? ☒ Yes ☐ No

Was a well screened installed? ☐ Yes ☒ No

Material _____ Diameter _____ inches

Slot Size _____ set from _____ feet to _____ feet

Slot Size _____ set from _____ feet to _____ feet

Was packer or seal used? ☒ Yes ☐ No

If so, what material Pipe Collar Depth 054 ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen ☐ Gravel packed ☐

Depth grouted: From 54' To 8'

Grouting Material: Cement Cement Other Bentonite

If other explain: _____

Well head completion: Pitless unit yes

12" above grade yes Other _____

If other, specify _____

Was pump installed: ☒ Yes ☐ No

Was well disinfected upon completion? ☒ Yes ☐ No

## 7. WATER LEVEL

Static water level 38' feet below surface

If flowing: closed-in pressure _____ psi

GPM flow 17 through 1 inch pipe

Controlled by: ☐ Valve ☐ Reducers ☐ Other

If other, specify Pump Capacity

## 8. WELL TEST DATA

☒ Pump ☐ Bailer ☐ Other

Pumping level below land surface:

46 ft. after 1 hrs. pumping 12 gpm

___ ft. after ___ hrs. pumping ___ gpm

___ ft. after ___ hrs. pumping ___ gpm

## 9. WELL LOG

| Formation | Depth (ft.) From | Depth (ft.) To |
|---|---|---|
| Brown Sand | 0 | 40 |
| Blue Sand | 40 | 55 |
| Blue Clay | 55 | 59 |
| Blue Sand | 59 | 72 |
| Blue Clay | 72 | 78 |

(Use separate sheet if necessary)

## 10. DATE COMPLETED 8-26-93

## 11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No

If so, how _____

## 12. REMARKS:

## 13. DRILLER'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

Peters Drilling Inc. 116

Driller's or Firm's Name Certificate No

Bowman N.D. Box 402

Address

Susan Peters 7-28-93

Signed by Date

WHITE-DRILLER'S COPY YELLOW-BOARD'S COPY PINK-CUSTOMER'S COPY